ROUTING AND RECORD SHEET

SUBJECT: (Optional)
OMS Phase IV Action Plan

FROM:
Director of Medical Services
Room 1D4061 Headquarters

EXTENSION

NO.

DD/A Registry
83-0140/17

DATE
29 June 1983

STAT

TO: (Officer designation, room number, and building)	DATE RECEIVED	DATE FORWARDED	OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
1. Deputy Director for Administration	29 JUN 1983	29 JUN 1983		
2.				
3. Mgt Staff-Dirs				— Action pls.
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FORM 1-79 610 USE PREVIOUS EDITIONS

SECRET

29 June 1983

MEMORANDUM FOR: Deputy Director for Administration

FROM: Robert A. Ingram, M.D.
Director of Medical Services

SUBJECT: OMS Phase IV Action Plan

REFERENCE: Memo to D/MS fr DDA dtd 21 Jan 83, Same Subject (DDA 83-0140/3)

The first portion of this paper addresses the three topics listed in the attachment of the above reference. The second portion represents a general review of the timeliness and quality of OMS' overall support both at headquarters and overseas. It is my belief that OMS' current and future programs will provide a valuable nonmonetary incentive that will help retain quality employees and help in restoring the "esprit de corps" that characterized and motivated Agency employees in the past.

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Robert A. Ingram, M.D.

Att

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This document becomes UNCLASSIFIED when separated from attachment.

SECRET

29 June 1983

INCREASED AVAILABILITY OF MEDICAL SERVICES FOR EMPLOYEES

In the first paragraph of the attachment to the referenced memorandum, OMS was tasked to explore ways to offer employees more and get them to think more positively of OMS without spending more money!

I have some suggestions which are predicated on the following assumptions:

a. Employees will respond more positively to OMS when they perceive OMS as more responsive to their needs. I am not going to address the image problems which result from OMS conflicting responsibilities (patients' confidentiality versus management's need-to-know).

b. Many Agency employees are unaware that certain OMS services are available. Although we need not assume responsibility for an employee who does not take advantage of information describing those services, we must take responsibility for making such information available. Consultative Services is in the process of producing a brochure which will cover many OMS services. Perhaps an office brochure describing all OMS services should be done. But this poses certain inherent risks. When one markets his product well, it generally leads to an increase in demand for services. This in itself is not bad; but when priority surge requirements exceed existing resources, curtailment of other functions follows. Perhaps a properly worded brochure could minimize the risk.

Beyond making employees aware of what is already available, our task is also to identify how we can do more without substantially increasing resources. Personal services are by far the single largest OMS budget item. How can we increase OMS services without a corresponding increase in personal services? Rather than examining what OMS can do for employees, we might more fruitfully examine how OMS can facilitate employees doing more for their own health under the aegis of OMS. The concept that the individual is responsible for his own health has gone from acceptance to entrenchment during the past decade. In view of our limited resources, capitalizing on the self-help movement which is an integral part of that concept seems an appropriate point of departure.

I would also suggest that there has been a very successful precedent within the Agency for this approach, and we should carefully examine how it might be applied to other health issues. Long before any funds were expended for an Alcohol

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Program, AA meetings were made available to employees. OMS involvement was limited to arranging a meeting place and advising individuals that the resource was available in-house. The impact of those meetings was:

a. Provision of a critical health resources within the Agency despite an almost nonexistent investment of resources;

b. Occasional use of an OMS resource (Dr. Robinson) through his interest and association with group members; and

c. A very positive perception of OMS among an admittedly small but steadily increasing group.

Our experience with the Agency AA group (as opposed to the Agency Alcohol Program) may serve as a prototype for other equally inexpensive offerings which can address a variety of employee health concerns. The most obvious examples that come to mind would be smoking and weight control. Both have yielded very successfully in the private sector to exactly this self-help approach; in fact, they have been so well received that the founders of Weight Watchers and Smokenders have become millionaires. In addition to sponsoring and facilitating such groups, we could provide very real services by occasional use of OMS resources for further education and "inspiration" in identified fields (breathing tests at specified intervals to measure the improvement of new nonsmokers, occasional addresses by OMS physicians or consultants on various aspects of nutrition, cholesterol tests to assess positive impact of diet, etc.). The possibilities are many; in each instance, the increased demand on existing resources (particularly physician time) would be slight while the potential for improving the OMS/DA/Agency "image" would be great. But the self-help concept is not a suggestion devoid of all resource or management problems. These types of programs require professional development and guidance to insure their success and credibility. This requires resources albeit not to the extent of a more formal or conventional program. Innovative approaches, e.g., use of free public services and WAE personnel, would be necessary to stay within the criteria "without substantial investment of resources."

EXPLORE GYM FOR NEW BUILDING -- PROVIDE COMPREHENSIVE PHYSICAL FITNESS PROGRAM

On 13 May 1983 a memorandum (drafted by OGC in conjunction with OMS) was submitted to the Executive Director by the Director of Personnel establishing the physical fitness requirements for certain Agency positions. This memorandum with its detailed rationale removed the last legal barrier to the funding of the exercise facilities for the new Headquarters

Building. Correspondingly, OMS and OL collaborated and included in the FY 85 OL "ongoing initiative" 704K in nonpersonal funds for FY 86 and 70K and two positions in FY 87 for the physical fitness facilities in the new building. On 24 May 1983 the Associate Deputy Director for Administration submitted a memorandum (based on four OMS recommendations) to the Chief, Building Planning Staff, OL, recommending that they provide a 5,000 square foot physical fitness room in the new building with separate shower facilities for men and women as well as an indoor track similar to that which currently exists in the Headquarters Building. The ADDA also requested OL to explore the possibility of converting one of the current loading docks into a handball/squash court after the new loading docks are constructed. After the construction of the new building is completed along with the parking areas and grading of the entire area, OL should consider the possibility of establishing a PAR Course. During the same period an advisory tour of the current Headquarters physical fitness room was made by OMS officials and an outside consultant who is an expert in exercise facilities and developing physical fitness programs. Outside of a few cosmetic recommendations some of which had previously been made to OL, the consultant felt that the present physical fitness room located in the Headquarters Building is limited in scope because of space and resource limitations. Nevertheless, OMS believes it can slowly begin to develop a modest Agency physical fitness program with the current resources and facilities. If the Agency receives approval and funds for the construction of the new building, there will be an opportunity to develop the type of facility necessary to meet health and fitness needs of the Agency and develop a more comprehensive health program unsurpassed by any other Government agency. This physical fitness program will have the objectives to:

1. provide a physical fitness education program that:

   a. will inform all employees of the beneficial effects of exercise and physical fitness;

   b. will alert them to opportunities that are available; and

   c. will motivate them to become actively involved.

2. evaluate the individual employee's physical status, especially the cardiovascular and neuromuscular systems.

3. prepare individualized exercise perscription based on the physical status evaluation and personal fitness goals.

4. conduct a comprehensive conditioning program that would permit participation by as many employees as possible

whether open or supervised, indoors or outdoors, with equipment or without equipment, individually or in groups, etc.

5. monitor individual progress, re-evaluate and change perscriptions as indicated. Provide feedback to the employee.

6. provide counseling for employees regarding exercise and in related areas of nutrition and weight control.

The ultimate goal of these objectives will be the enhancement of the health status, general well being and productivity of the individual employee, thereby increasing his contribution to the overall effectiveness of the CIA mission.

On 14 June 1983 OMS forwarded a memorandum to the Executive Director requesting the Headquarters physical fitness room and program be transferred to OMS. This was approved by the Executive Director on 21 June 1983.

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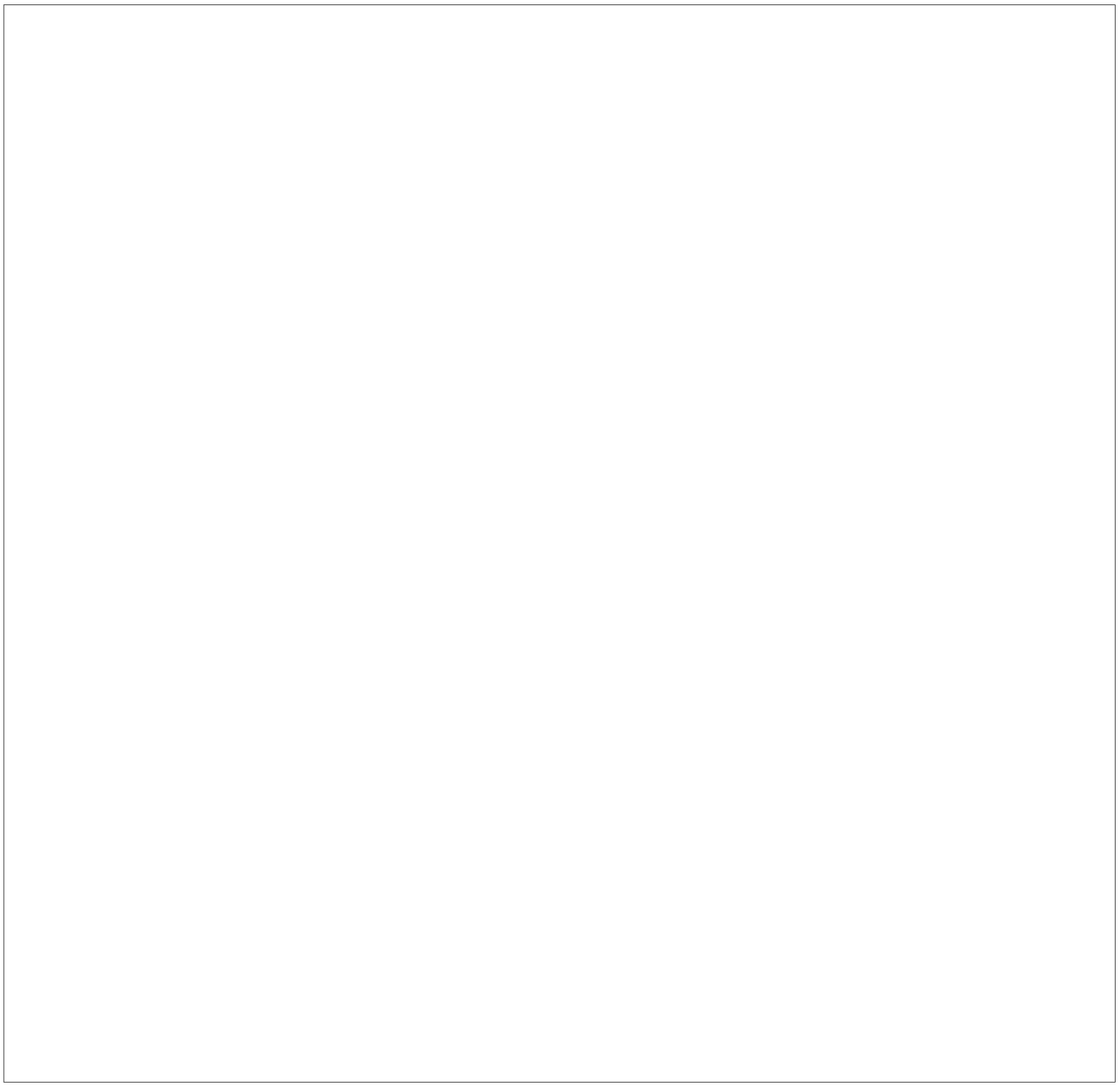

ADMINISTRATIVE REPORTING OMS ORIGINATES

With a few exceptions, all of the administrative reporting that is originated by OMS is in direct response to other Agency component requests, e.g., medical evaluations, productivity reports., budget and program submissions, planning papers, etc. Internal administrative reporting [redacted] 25X1
[redacted] quarterly progress reports, biannual 25X1
productivity statistics, and weekly Alcohol Program reports. There is one personnel report (Uniform Selection Guidelines New Hire Reporting) that our C/RSD seems to think is unnecessarily

cumbersome and should be discontinued. On a quarterly basis, offices are required to report numerically by Job Family, race, and sex the number of professional/technical applicants the office has considered, put in process, and selected. In addition, a cumulative alphabetical name list is required so the Agency will not count an applicant more than once who is under consideration by more than one office. An individual becomes an applicant when an Agency component either: (a) reviews the individual's application materials forwarded to the component by OP, or (b) arranges an interview with the individual following review of application materials received from a source other than OP. The purpose of the report is to prevent/identify any possible adverse impact on minority recruitment. Most "application materials" reviewed are in resume form and without race or sex identifiers. It is impossible to accurately tabulate the race and sex of applicants who are considered but not put-in-process. Hence the New Hire Report is totally inaccurate and of no worth. Therefore, the Chief, RSD, recommended this report be discontinued.

OMS will continue to make a concerted effort to reduce and/or curtail all unnecessary paperwork that does not contribute to the overall efficiency of its programs or functions.

In both portions of this report we try to cover the efficiency, effectiveness, and timeliness of OMS functions in support of the Agency's mission. It is my opinion that OMS offers a quality professional program and the April 1981 IG Executive Summary attests to this. In addition, in November and December 1982, OMS requested examinees (after completion of their medical evaluations) to fill out survey forms giving their opinion of OMS services. The survey was for the most part complimentary, but also revealed that many Agency employees were not knowledgeable of all the services OMS offered. This "public relations" deficit was addressed in our first topic "Increased Availability of Medical Services for Employees."

REFLECTIONS ON OMS' ROLE IN OPERATIONAL SUPPORT TO DIRECTORATE OF OPERATIONS

It has long been recognized that DO personnel must be made aware of the variety of medical support OMS can be called upon to perform in order to aid them in advancing the Agency's mission. This became more important during the past few years with the need to replace the many Ops officers who, for whatever reason, were no longer available to the Agency. It was apparent that the many new Career Trainees were unaware of the variety of support OMS has to offer both at Headquarters and in the field. Formal orientation courses and personal contacts have been quite successful and will be continued as an on-going program.

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In the near future, a second RMO position will be established which is expected 25X1
to further advance medical support as it has in Africa. It is OMS's hope that in the future every RMO will have an MSO assigned to him. The willingness RMO to fill in 25X1
for a scientific technical collection position for which the station had need is a further example of the flexibility our personnel are encouraged to display.

If the Agency's presence overseas should increase in any appreciable degree, OMS anticipates this would engender the need for an increase in medical support in the form of Medical Service Officers and/or Regional Medical Officers. Currently, there are RMO positions which will increase to once the 25X1
position is filled in October 83. 25X1
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Training

While in the past it has been recognized that our Regional Medical Officers have need for in-depth operational training in order for them to supply timely and knowledgeable support to the stations, time constraints have not always permitted such training. It is now a must that all new RMOs be given adequate Ops training and at least survival language skills prior to an overseas assignment. Between tours, RMOs are receiving updated Ops training, usually in the form of tutorial courses conducted by the OTE/CID.

Since January 1982, the Operation Safe Haven Emergency Medical Course has been presented to more than 750 persons from various U.S. Government groups (including CIA) assigned to 25X1
high risk posts abroad. In addition, 235 persons, most of them Agency communicators, have been trained in CONUS. This program, designed to enhance the safety and well-being of all Americans assigned abroad, has been enthusiastically accepted and supported by all who have become familiar with it.

The Office of Medical Services, heavily involved in the program's development from the beginning, has recently agreed to

the assignment of a Medical Services Officer to the Department of State who will be responsible for further development of the program. This two-year rotational assignment insures continued Agency input to the final development and implementation of a program designed to be in place at all U.S. Missions abroad.

In the area of medical education and training, the Office of Medical Services continues a heavy schedule of specially designed emergency medical and CPR courses throughout the Agency. A program of medical lectures and briefings, appropriate for the diversified needs of the Agency, continues to expand across the board.

Operational Support to the Central American Task Force

OMS has supported the CATF from its inception with a PCS MSO assigned [redacted] with the sole responsibility of providing medical support to the project. Supporting this individual [redacted] who travels frequently to other parts of Central America on matters relating to the CATF. He is available for consultation via cable format and for the procurement of medical supplies which are not available locally. LOGS/OMS and FOD/OMS are the Headquarters' representatives on the CATF. In addition, OMS has supplied TDY MSOs for other phases of the Special Projects. Another tentative TDY/PCS for an MSO is currently on hold but could become a reality in the near future. 25X1 25X1

Continuing Medical Education Overseas Support

OMS conducts medical educational programs for its employees/dependents assigned overseas. The RMOs/MSOs give briefings for all newly arrived personnel, conduct CPR training programs, and will soon be asked to lend support to the Safe Haven Program.

The RMOs and MSOs are seeing and treating an increasing number of illnesses and injuries. The total number of patients seen by our RMOs in FY 82 was [redacted] 25X1

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HEALTH EDUCATION AND CLINICAL MEDICINE

OMS is actively involved in health education for Agency employees. The Cardiopulmonary Resuscitation Program, for example, is supported by all staff members. This program is given frequently for recertification and also at the request of the various Agency components. It is an extremely popular and on-going program. Another very popular program is the Breast Self-Examination Course utilizing audio-visual aids and breast models which contain palpable nodules. General pathology of the breast, including breast malignancy, is presented, and a question and answer session is encouraged. The Hypertension Program is an active, daily program, aimed at detecting hypertension, monitoring known hypertensive employees, and counseling employees in anti-hypertensive modalities. Because of the frequency of back problems, CAD is initiating a new program designed to inform employees about back anatomy, back problems, and the ways of preventing and treating back diseases. There have been other OMS efforts in the area of health education, such as posters, lectures, and newsletters.

There are many obvious themes which need to be addressed in the health education program, relating both to problems unique to Agency employment and common to individuals employed by the Agency such as a fitness program integrated with a more sophisticated presentation of nutritional information in the cafeteria. Obtaining a gym for the new building is an appropriate step in this direction, but the requirements of our DDO personnel should mandate a much more comprehensive program to insure that they are sufficiently fit to fulfill their various assignments. Even the more sedentary Agency employees would profit from a sophisticated program of education and exercise, both in terms of productivity and decreased morbidity and mortality. Increased coordination with FELO to insure dependents have adequate area knowledge through such mechanisms as videotapes of various aspects of overseas living, e.g., sanitation, preventive medicine, servants, etc. is another beneficial theme.

OMS efforts in clinical medicine (in CONUS) are limited by legislation to routine physicals, consultative services, dispensary services (for acute or minor problems), specialty

clinics (blood pressure, allergy), and immunizations. Total medical care is given overseas. It is not likely that additional categories of service (except in protection of sources and methods) can be identified which would still fall within our present charter. There are ways in which the present efforts can be expanded or improved, if this were desired by management and if adequate resources were made available. Some of these are already in development within the office. A more sophisticated medical history could be taken and analyzed automatically, and examinations (including the addition of new laboratory tests such as hepatitis B screening and more useful liver function tests) tailored to the age and specific occupation of the employee. Those overseas could still participate in the history phase of the routine re-evaluation by pouching in the appropriate history forms. Computer assisted programs would greatly enhance our diagnostic capability . If this were combined with something akin to the remote diagnosis capabilities envisioned in MAVIN and a more extensive laboratory assistance program (with specimens sent to the U.S.), a much more sophisticated capability could be extended to personnel and assets overseas. Within a decade or two, this will be the only way of offering medical care comparabale to that expected in the U.S. In the more immediate future, the specialty clinics could be expanded along some of the lines implicit in the comments on health education above.

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With respect to support in the field, the current relationship with FELO is a healthy and productive one. The opportunity for periodic meetings with DDO Division Chiefs of Personnel and other DDO division personnel, time permitting, should be encouraged. In this way, cases in the field might be identified earlier and assistance rendered in a more timely way. The opportunity for a psychiatrist to consult with employees and their families overseas holds significant promise. In addition, the staff has given more attention to the dissemination of follow-up information to the RMO in the case of med-evacs, so that responsiveness and timeliness has improved. In addition, the Psychiatric Division has greatly improved in the quality and context of information sent to RMOs concerning employees and their families at the time they are posted to new assignments. Periodic attendance of Psychiatric Division personnel at the overseas RMO conferences would further

strengthen the link with the field. The ongoing participation in the DDO orientation of outgoing Chiefs of Station is yet another link with the field.

HEALTH ROOM FACILITIES (CONUS) AND EMERGENCY CARE

The dispensary at the Headquarters Building is the most active and visible health room facility and services as many as 100 employees each day. Considerable effort is given to diagnosis, treatment, and counseling. By this concerted effort, employees are not only definitively treated, but time and money are saved by this in-house medical care. Because of the increasing cost of medical care and the availability of the dispensary, more employees are taking advantage of this service. The dispensary is also well equipped for emergency cardiopulmonary care; the staff responds quickly to potential problems anywhere in the headquarters complex and is well trained in emergency care. The dispensary staff is also very active in maintaining an allergy clinic and immunization clinic. The allergy clinic is very busy and offers employees the advantage of receiving their allergy shots at work, rather than taking leave to see their private physician. The allergy clinic saves the Agency an estimated 30,000 manhours annually in work time.

The satellite dispensaries are staffed by nurses and medical service officers only and offer a quality care to their respective employees commensurate with their abilities. If an employee requires the attention of a physician, he or she may be seen at the headquarters dispensary or referred to a private physician. The headquarters and satellite health facilities handle about 60,000 patient visits a year and provide 18,000 immunizations a year with the required cover documentation.

SELECTING, TESTING, AND EVALUATING PERSONNEL FOR EMPLOYMENT AND REASSIGNMENT AND DEPENDENTS WHEN APPLICABLE

Over the next ten years the Agency will face increased demands for foreign intelligence collection and analysis, increased security threats to its activities, a more hostile operating environment overseas, accession of covert action programs, and development of highly new complex technology. The area where OMS has a great potential contribution to make is in the recruitment, evaluation, and retention of highly-qualified and motivated personnel. Highly skilled people are not limitless, therefore the improvement in the Agency's capabilities will have to come from qualitative improvements in skills, technology, technique and management. It becomes quite apparent that OMS (CAD, PD, PSD, and SPD, in particular) will have a vital role to play in any effort to expand and improve the Agency's mission.

The simple fact of increased numbers of applicants and a corresponding attrition rate demands that OMS not only review its applicant screening procedures with an eye toward expanding manpower and space resources, but also use automation and technology in those aspects of processing which allow substitution for the human, e.g., (a) adaptation of medical screening devices for rapid administration through a computer terminal and immediate review/profiling (by means of computer software) for evaluation and (b) substitution of technology for the human element in tasks which are largely clerical/routine in nature.

The Agency's planning emphasis upon increased technology/automation also has a nonobvious impact upon OMS selection activities. Increased automation is characteristically accompanied by increased centralization of information bases; i.e., the more efficient an information processing system becomes, through reliance upon technology, the more vulnerable it becomes. (A single individual, by means of perhaps a computer terminal, may gain access in a matter of minutes to more information than the same person, without automation, might ever have been exposed to over years of routine Agency employment.) Thus, plans for increased automation of Agency operations points up the requirement for expanded, more detailed OMS evaluation of applicants in terms of stability and reliability. Since these requirements cannot be met solely through refined evaluation techniques, it is necessary that OMS review methodologies for achieving rapid and valid integration of "all-source" data on applicants, viz., data integrated from personnel (OP) and security (OS) sources. Information-processing technology at this time seems to hold promise of meeting these requirements, and such technology is being reviewed in terms of its capabilities.

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The following excerpts of a summary written in defense of our CIARDS system describe the importance of a quality pre- and post-overseas medical evaluation and demonstrate the importance of the expansion of medical facilities and programs.

"Employment by the CIA carries with it extraordinary health risks. These risks are inherent in both geographic and socio-political environments to which employees are assigned.

Our personnel are asked to live and work in locales plagued by serious infectious diseases rarely if ever seen in the U.S. They must expose themselves to high risk modes of transportation, and undertake assignments under politically and militarily unstable circumstances. Inevitably these employees contract diseases and sustain injuries, sometimes fatally, almost never encountered by Americans of comparable socio-economic background.

"For many of the same geographic and socio-political reasons, the medical resource available locally to deal with these problems are almost uniformly inadequate, if present at all. As a result, even "routine" medical problems often take on grave overtones; those which being as serious problems are unusually likely to prove fatal. While the Agency attempts to deal with this problem by allowing only the healthiest of its employees to undertake most overseas assignments and by providing consultative coverage by a regionally assigned physician, this falls far short of recreating the healthful medical context left behind in the U.S. As a result large numbers of employees or their families must be returned to the U.S. each year in order to receive adequate medical care. Even this heroic effort does not avoid an excessive degree of death or permanent impairment attributable solely to the nature of the assignment accepted.

"In addition to these purely clinical hazards, which also impact on employees indirectly through their families illnesses, Agency personnel are confronted with psychological stresses which over the long haul extract a health toll just as great. In addition to the subtle factors of cultural translocation, and family disruption, there are not infrequently highly traumatic stress events. Scores are harassed when their Agency affiliation has become known. In the extreme case, one official was assassinated. Much more commonly employees and their families confront the more diffuse crises associated with civil disorder, terrorism, and exceptionally high local crime rate."

I strongly believe the medical record makes a self-evident case for evaluating Agency personnel, especially those serving abroad. They are asked to accept unusually high risks because of their employment, and they fall victim to many of these risks. It is entirely appropriate, therefore, that medical evaluations and care be made available to Agency personnel and dependents. The risks of service abroad are directly proportional to the age and medical condition of the employee and dependents. PEOPLE ARE THE AGENCY'S MOST IMPORTANT ASSET.